

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		4	3/7/01
FORMALITY REVIEW	u	1019	03-16-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	01/05
2	01/05
3	01/05
4	01/05
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49	01/05
50	01/05

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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